

STATE OF SOUTH CAROLINA

(Caption of Case)

Request for Certification of the Use of Universal Service Funds Pursuant to 47 C.F.R. 54.314 and Telecommunications Act Section 254(e), Federal Communications Commission CC Docket No. 96-45 (2014); and Annual Reports for ETC

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

COVER SHEET

DOCKET
NUMBER: 2014 - 14 - C

(Please type or print)

Submitted by: Mark Lammert

SC Bar Number:

Address: 740 Florida Central Parkway, Suite 2028

Telephone: 407-260-1011

Longwood, FL 32750

Fax: 407-260-1033

Other:

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ **Emergency Relief demanded in petition**

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ **Other:** Boomerang Wireless, LLC d/b/a enTouch Wireless - Copy of FCC Form 481

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)		
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input checked="" type="checkbox"/> Request for Certification
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit	
	<input type="checkbox"/> Late-Filed Exhibit	<input type="checkbox"/> Report	

Print Form

Reset Form



June 10, 2014

Jocelyn Boyd, Chief Clerk of the Commission
Public Service Commission of South Carolina
Synergy Business Park, Saluda Building
101 Executive Center Drive
Columbia, SC 29210

RE: Docket No. 2014-14-C – Lifeline Certification on FCC Form 481 – Carrier Annual Reporting Data Collection Form on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Ms. Boyd,

Pursuant to FCC requirements under 47 C.F.R. § 54.422, enclosed please find for filing in the above-referenced docket a copy of Boomerang Wireless, LLC d/b/a enTouch Wireless's FCC Form 481 – Carrier Annual Reporting Data Collection Form.

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self-addressed, postage-paid envelope.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mark Lammert", is written over a horizontal line.

Mark Lammert
Attorney-in-Fact
Boomerang Wireless, LLC d/b/a enTouch Wireless

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0066/OMB Control No. 3060-0819 July 2013
---	---

<010> Study Area Code	249014
<015> Study Area Name	Regulator and Wireless LLC
<020> Program Year	2015
<030> Contact Name. Person USAC should contact with questions about this data	Mark Lambert
<035> Contact Telephone Number Number of the person identified in data line <030>	407201011 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	regulator@celllongwood.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
	<small>(check box when complete)</small>	<small>(check box when complete)</small>

<100> Service Quality Improvement Reporting	<small>(complete attached worksheet)</small>		
<200> Outage Reporting (voice)	<small>(complete attached worksheet)</small>		<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> - check box if no outages to report			<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)			<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<small>(attach descriptive document)</small>		<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<small>(attach descriptive document)</small>		<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed			<input checked="" type="checkbox"/>
<420> Mobile			<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			<input checked="" type="checkbox"/>
<450> Mobile			<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<small>(check to indicate certification)</small>		<input checked="" type="checkbox"/>
<510> <small>249014_SQ Section 5.0.pdf</small>	<small>(attach descriptive document)</small>		<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<small>(check to indicate certification)</small>		<input checked="" type="checkbox"/>
<610> <small>249014_FIS Section 4.0.pdf</small>	<small>(attach descriptive document)</small>		<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<small>(complete attached worksheet)</small>		<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<small>(complete attached worksheet)</small>		<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<small>(complete attached worksheet)</small>		<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<small>(if yes, complete attached worksheet)</small>		<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<small>(check to indicate certification)</small>		<input checked="" type="checkbox"/>
<1010> <small>(attach descriptive document)</small>			<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	<small>(if not, check to indicate certification)</small>		<input checked="" type="checkbox"/>
<1110> <small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<small>(complete attached worksheet)</small>		<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers	<small>(check to indicate certification)</small>		
<2005> <small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> <small>(check to indicate certification)</small>			
<3005> <small>(complete attached worksheet)</small>			<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	[]	
<015> Study Area Name	[]	
<020> Program Year	[]	
<030> Contact Name - Person USAC should contact regarding this data	[]	
<035> Contact Telephone Number - Number of person identified in data line <030>	[]	
<039> Contact Email Address - Email Address of person identified in data line <030>	[]	
<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>	
If your answer to line <110> is yes, do you have an existing §54.202(a) "S year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>	
If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "S year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CLTC which only receives frozen support, your progress report is only required to address voice telephony service.	[]	
Please check these boxes below to confirm that the attached document(s), on line <112> contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.		
<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>	
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>	
<115> How (USF) was used to improve service quality	<input type="checkbox"/>	
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>	
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>	
<118> Provide an explanation of network improvement targets not met in the prior calendar year	<input type="checkbox"/>	

<010>	Study Area Code	24	1
<015>	Study Area Name	Monks and Monks 1971	
<020>	Program Year		
<040>	Contact Name - Person SAC should contact regarding this data	Mark Turner	
<035>	Contact Telephone Number - Number of person identified in data line <010>	416-593-3333	
<039>	Contact Email Address - Email Address of person identified in data line <010>	markturner@monks.com	

[illegible]

Q010	Study Area Code	24301
Q015	Study Area Name	Alameda County, California, USA
Q020	Program Year	2017
Q030	Contact Name: Person who should contact regarding this data	Maria Lopez
Q035	Contact Telephone Number: Number of person identified in data line Q030	510-299-1111 x1
Q040	Contact Email Address: Email Address of person identified in data line Q030	maria.lopez@alamedahealthcare.org

S.014	Residential Local Service Charge Effective Date	1/1/2014
S.015	Single State-wide Residential Local Service Charge	1/1/2014

[illegible]

<010>	Study Area Code	1-2 digits
<015>	Study Area Name	Alphanumeric - 1-20 characters
<020>	Program Year	1-2 digits
<030>	Contact Name: Person USAID should contact regarding this data	Alphanumeric - 1-20 characters
<035>	Contact Telephone Number: Number of person identified in data line <010>	Alphanumeric - 1-20 characters
<040>	Contact Email Address: Email Address of person identified in data line <030>	Alphanumeric - 1-20 characters

Page 5

Page 6

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	XXXXXX
<015>	Study Area Name	XXXXXXXXXXXXXXXXXXXX
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	XXXXXX
<035>	Contact Telephone Number - Number of person identified in data line <030>	XXXXXXXXXXXX
<039>	Contact Email Address - Email Address of person identified in data line <030>	XXXXXXXXXXXX@XXXXXX

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s) on line 920 demonstrates coordination with the Tribal government pursuant to § 54.31(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions
- <922> Feasibility and sustainability planning
- <923> Marketing services in a culturally sensitive manner
- <924> Compliance with Rights of way processes
- <925> Compliance with Land use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and licensing requirements

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	000000
<015>	Study Area Name	Essex County, Massachusetts
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Mark L. Brown
<035>	Contact Telephone Number - Number of person identified in data line <030>	617-267-9111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mark.l.brown@essex.net

Please check this box to confirm no terrestrial backhaul
 options exist within the supported area pursuant to § 54.313(G) ☐

Please check this box to confirm the reporting carrier offers
 broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Email Address - Email Address of person identified in data line <030>

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP://www.fcc.gov

Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed on line 1220, contains the required information pursuant to § 54.42(a)(2) annual reporting for LTCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers.



<1222> Details on the number of minutes provided as part of the plan.



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	00000
<015> Study Area Name	COMMERCIAL DISTRICT, LLC
<020> Program Title	N/A
<030> Contact Name. Person USA should contact regarding this data	MARK CAMPBELL
<035> Contact Telephone Number. Number of person identified in data line <030>	427.623.0111
<040> Contact Email Address. Email Address of person identified in data line <030>	mccamp@commercialdist.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I Reporting <010> 2013 Year Certification (47 CFR § 54.313(b)(1)) <input type="checkbox"/> <011> 2014 Year Certification (47 CFR § 54.313(b)(2)) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.313(d)) <012> 2013 Frozen Support Certification <input type="checkbox"/> <013> 2014 Frozen Support Certification <input type="checkbox"/> <014> 2015 Frozen Support Certification <input type="checkbox"/> <015> 2016 and future Frozen Support Certification <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Price Cap Carrier Connect America II E Support (47 CFR § 54.313(d)) <016> Certification Support used to build Broadband <input type="checkbox"/>	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e)) <017> 3rd year Broadband Service Certification <input type="checkbox"/> <018> 5th year Broadband Service Certification <input type="checkbox"/> <019> Interim Progress Certification <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, name, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	
<021> Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

**(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form**

FCC Form 481
OMB Control No. 3040-0046/OMB Control No. 3040-0019
July 2013

1. Carrier: Verizon Wireless
2. Service: Verizon Wireless
3. Program Name: Verizon Wireless
4. Contact Name: Verizon Wireless
5. Contact Telephone Number: Verizon Wireless
6. Contact Email Address: Verizon Wireless
7. Contact Fax Number: Verizon Wireless
8. Contact Mailing Address: Verizon Wireless
9. Contact City/State/Zip: Verizon Wireless
10. Contact Country: Verizon Wireless
11. Carrier's Business Description: Verizon Wireless
12. Carrier's Service Description: Verizon Wireless
13. Carrier's Service Description: Verizon Wireless
14. Carrier's Service Description: Verizon Wireless
15. Carrier's Service Description: Verizon Wireless
16. Carrier's Service Description: Verizon Wireless
17. Carrier's Service Description: Verizon Wireless
18. Carrier's Service Description: Verizon Wireless
19. Carrier's Service Description: Verizon Wireless
20. Carrier's Service Description: Verizon Wireless
21. Carrier's Service Description: Verizon Wireless
22. Carrier's Service Description: Verizon Wireless
23. Carrier's Service Description: Verizon Wireless
24. Carrier's Service Description: Verizon Wireless
25. Carrier's Service Description: Verizon Wireless
26. Carrier's Service Description: Verizon Wireless
27. Carrier's Service Description: Verizon Wireless
28. Carrier's Service Description: Verizon Wireless
29. Carrier's Service Description: Verizon Wireless
30. Carrier's Service Description: Verizon Wireless
31. Carrier's Service Description: Verizon Wireless
32. Carrier's Service Description: Verizon Wireless
33. Carrier's Service Description: Verizon Wireless
34. Carrier's Service Description: Verizon Wireless
35. Carrier's Service Description: Verizon Wireless
36. Carrier's Service Description: Verizon Wireless
37. Carrier's Service Description: Verizon Wireless
38. Carrier's Service Description: Verizon Wireless
39. Carrier's Service Description: Verizon Wireless
40. Carrier's Service Description: Verizon Wireless
41. Carrier's Service Description: Verizon Wireless
42. Carrier's Service Description: Verizon Wireless
43. Carrier's Service Description: Verizon Wireless
44. Carrier's Service Description: Verizon Wireless
45. Carrier's Service Description: Verizon Wireless
46. Carrier's Service Description: Verizon Wireless
47. Carrier's Service Description: Verizon Wireless
48. Carrier's Service Description: Verizon Wireless
49. Carrier's Service Description: Verizon Wireless
50. Carrier's Service Description: Verizon Wireless
51. Carrier's Service Description: Verizon Wireless
52. Carrier's Service Description: Verizon Wireless
53. Carrier's Service Description: Verizon Wireless
54. Carrier's Service Description: Verizon Wireless
55. Carrier's Service Description: Verizon Wireless
56. Carrier's Service Description: Verizon Wireless
57. Carrier's Service Description: Verizon Wireless
58. Carrier's Service Description: Verizon Wireless
59. Carrier's Service Description: Verizon Wireless
60. Carrier's Service Description: Verizon Wireless
61. Carrier's Service Description: Verizon Wireless
62. Carrier's Service Description: Verizon Wireless
63. Carrier's Service Description: Verizon Wireless
64. Carrier's Service Description: Verizon Wireless
65. Carrier's Service Description: Verizon Wireless
66. Carrier's Service Description: Verizon Wireless
67. Carrier's Service Description: Verizon Wireless
68. Carrier's Service Description: Verizon Wireless
69. Carrier's Service Description: Verizon Wireless
70. Carrier's Service Description: Verizon Wireless
71. Carrier's Service Description: Verizon Wireless
72. Carrier's Service Description: Verizon Wireless
73. Carrier's Service Description: Verizon Wireless
74. Carrier's Service Description: Verizon Wireless
75. Carrier's Service Description: Verizon Wireless
76. Carrier's Service Description: Verizon Wireless
77. Carrier's Service Description: Verizon Wireless
78. Carrier's Service Description: Verizon Wireless
79. Carrier's Service Description: Verizon Wireless
80. Carrier's Service Description: Verizon Wireless
81. Carrier's Service Description: Verizon Wireless
82. Carrier's Service Description: Verizon Wireless
83. Carrier's Service Description: Verizon Wireless
84. Carrier's Service Description: Verizon Wireless
85. Carrier's Service Description: Verizon Wireless
86. Carrier's Service Description: Verizon Wireless
87. Carrier's Service Description: Verizon Wireless
88. Carrier's Service Description: Verizon Wireless
89. Carrier's Service Description: Verizon Wireless
90. Carrier's Service Description: Verizon Wireless
91. Carrier's Service Description: Verizon Wireless
92. Carrier's Service Description: Verizon Wireless
93. Carrier's Service Description: Verizon Wireless
94. Carrier's Service Description: Verizon Wireless
95. Carrier's Service Description: Verizon Wireless
96. Carrier's Service Description: Verizon Wireless
97. Carrier's Service Description: Verizon Wireless
98. Carrier's Service Description: Verizon Wireless
99. Carrier's Service Description: Verizon Wireless
100. Carrier's Service Description: Verizon Wireless

Progress Report on 5-Year Plan

1. Progress Report on 5-Year Plan

Number of Attached Documents: 88

Please check these boxes to confirm that the attached documents on line 3072 contain the required information pursuant to 47 CFR § 54.313(f)(2). The carrier shall provide the number, name, and address of community anchor institutions to which they are providing access to broadband service in the preceding calendar year.

2. Progress Report on 5-Year Plan

Number of Attached Documents: 88

3. Progress Report on 5-Year Plan

4. Progress Report on 5-Year Plan

Please check these boxes to confirm that the attached documents on line 3072 contain the required information pursuant to 47 CFR § 54.313(f)(2) compliance requirements.

5. Progress Report on 5-Year Plan

6. Progress Report on 5-Year Plan

7. Progress Report on 5-Year Plan

Number of Attached Documents: 88

8. Progress Report on 5-Year Plan

9. Progress Report on 5-Year Plan

10. Progress Report on 5-Year Plan

11. Progress Report on 5-Year Plan

12. Progress Report on 5-Year Plan

13. Progress Report on 5-Year Plan

14. Progress Report on 5-Year Plan

15. Progress Report on 5-Year Plan

16. Progress Report on 5-Year Plan

17. Progress Report on 5-Year Plan

18. Progress Report on 5-Year Plan

19. Progress Report on 5-Year Plan

20. Progress Report on 5-Year Plan

21. Progress Report on 5-Year Plan

22. Progress Report on 5-Year Plan

23. Progress Report on 5-Year Plan

24. Progress Report on 5-Year Plan

25. Progress Report on 5-Year Plan

26. Progress Report on 5-Year Plan

27. Progress Report on 5-Year Plan

28. Progress Report on 5-Year Plan

29. Progress Report on 5-Year Plan

30. Progress Report on 5-Year Plan

31. Progress Report on 5-Year Plan

32. Progress Report on 5-Year Plan

33. Progress Report on 5-Year Plan

34. Progress Report on 5-Year Plan

35. Progress Report on 5-Year Plan

36. Progress Report on 5-Year Plan

37. Progress Report on 5-Year Plan

38. Progress Report on 5-Year Plan

39. Progress Report on 5-Year Plan

40. Progress Report on 5-Year Plan

41. Progress Report on 5-Year Plan

42. Progress Report on 5-Year Plan

43. Progress Report on 5-Year Plan

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	---

<010> Study Area Code	249019
<015> Study Area Name	Roanoke and Wireless LLC
<020> Program Year	2014
<030> Contact Name - Person USAF should contact regarding this data	Mark Lambert
<035> Contact Telephone Number - Number of person identified in data line <030>	4072461011 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@celltowerwood.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier	Roanoke and Wireless LLC
Signature of Authorized Officer	[Signature] Date 06/12/2014
Printed name of Authorized Officer	Mark Lambert
Title or position of Authorized Officer	CEO
Telephone number of Authorized Officer	4072461011 ext.
Study Area Code of Reporting Carrier	249019 Filing Due Date for this form 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0886/OMB Control No. 3060-0819
	July 2019

<010> Study Area Code	244019
<015> Study Area Name	Kingman and Williams LLC
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Mark Lambert
<035> Contact Telephone Number - Number of person identified in data line <030>	407266-211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	regulatory@kwlcd.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent	
Name of Reporting Carrier	Date
Signature of Authorized Officer	
Printed name of Authorized Officer	
Title or position of Authorized Officer	
Telephone number of Authorized Officer	
Study Area Code of Reporting Carrier	Filing Due Date for this form
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier	
Name of Authorized Agent or Employee of Agent	Date
Signature of Authorized Agent or Employee of Agent	
Printed name of Authorized Agent or Employee of Agent	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier	Filing Due Date for this form
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	

Attachments



FCC Form 481

Section 500 – Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

1. Boomerang discloses rates and terms of service to customers at the time service is initiated. These same terms and conditions are posted on Boomerang's website at www.entouchwireless.com.
2. Boomerang provides service availability information on their website at www.entouchwireless.com.
3. Boomerang makes available contract terms to subscribers when they initiate or change service. These same terms are available to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
4. Boomerang's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
5. Boomerang provides disclosures, minutes included in Lifeline plans, expiration of plan minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
6. Boomerang customers are provided options if they exceed the number of minutes provided in their Lifeline plan. Customers can purchase standard top up plans at thousands of local retail establishments and through customer service. Plan descriptions are available on the company website at www.entouchwireless.com.
7. Boomerang's toll-free customer service number is 866-488-8719. Customers can reach customer service by dialing 611 from their enTouch phone. Customers can also contact Boomerang via email at support@entouchwireless.com or by US mail. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
8. Boomerang responds to all consumer inquiries and complaints received from government agencies within 30 days.
9. Boomerang has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
10. At service initiation, Boomerang requests that subscribers "Opt In" to receive free notifications regarding activation status, balance alerts, etc. Customers can also decline to receive these messages and notices by "Opting Out". If a subscriber chooses to decline free notifications they will receive only those Lifeline notifications required by the FCC such as the 30-day non-usage notice, the recertification notices, etc. The customer cannot opt out of the required FCC notifications.



FCC Form 481

Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Boomerang, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Boomerang's support facilities are housed in a carrier-class data center with fully redundant power and HVAC, a controlled temperature and humidity environment, fire-threat detection and suppression, year-round critical monitoring, and secure access with biometric security. The facility features redundant generators and redundant fiber optic connectivity. The data center is a reinforced concrete building located in a secure area and collocated with the area electrical generation plant. All systems within the facility are implemented on redundant servers, each with redundant data network and power.